DECLARATION AND POWER OF ATTORNEY AND PETITION FOR UNITED STATES PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMBINATION DRUG THERAPY FOR GLYCOLIPID STORAGE DISEASES

The speci	fication of v	which (check one)	
	attached her	reto	
as Applic applicabl	ation Serial e).	No and was amended of	on(if
the above	ereby state to identified sureferred to	that I have reviewed and unde specification, including the above.	erstand the contents of claims, as amended by an
the exami:	cknowledge th nation of thi egulations, §	ne duty to disclose informati is application in accordance ; 1.56(a).	on which is material to with Title 37, Code of
States Coccertification application	de, § 119 of te listed bel on for patent	oreign priority benefits und any foreign application(s) f ow and have also identified or inventor's certificate h plication on which priority i	or patent or inventor's below any foreign aving a filing date
		PRIOR FOREIGN APPLICATION (s)
		·	Priority Claimed
(Number)	(Country)	(Day/month/year filed)	Yes No
(Number)	(Country)	(Day/month/year filed)	Yes No
(Number)	(Country)	(Day/month/year filed)	Yes No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

60/145,568

July 26, 1999

Pending

(Application Serial No.) (Filing date) (Status) (patented, pending, abandoned)

(Application Serial No.) (Filing date) (Status) (patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys agents: DENNIS A. BENNETT, Reg. No. 34547, JOSEPH W. BULOCK, Reg. No. P37103, J. TIMOTHY KEANE, Reg. No. 27808, CYNTHIA S. KOVACEVIC, Registration No. 35578, SCOTT J. MEYER, Registration No. 25275, JOY ANN SERAUSKAS, Registration No. 27952, and ROGER A. WILLIAMS, Registration No. 27679, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to SCOTT J. MEYER at (314) 694-3117 and address all correspondence to:

G. D. Searle & Co.
Corporate Patent Law Department
P.O. Box 5110
Chicago, IL 60680-5110
Attn: Roger A. Williams

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

WHEREFORE, I PRAY that Letters Patent be granted to me solely or jointly with the additional inventor(s) (if any) named below for the invention described and claimed in the above-identified specification and claims, and I hereby subscribe my name to the above-identified specification and claims, Declaration, Power of Attorney and this Petition.



FIRST JOINT INVENTOR,

1-00

FULL NAME (INVENTOR)	LAST	FIRST	MIDDLE
	JACOB	GARY	s.
RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	ST. LOUIS	MISSOURI MO	USA
POST OFFICE	12541 Wasse Barret	CITY	STATE/COUNTRY
ADDRESS	12541 Mason Forest Drive	St. Louis	MO 63141 USA

SIGNATURE OF	INVENTOR:
	S. V

DATE: July 17 2000

SECOND JOINT INVENTOR,

FULL NAME (INVENTOR)	LAST	FIRST RAYMOND	MIDDLE A.
RESIDENCE & CITIZENSHIP	CITY Oxford	STATE/FOREIGN COUNTRY England	COUNTRY OF CITIZENSHIP U.K.
POST OFFICE ADDRESS	Glycobiology Institute, Department of Biochemistry University of Oxford South Parks Road	CITY Oxford OX1 3QU	STATE/COUNTRY England U.K.

SIGNATURE	OF	INVENTOR:	•	
				DATE:

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[X] is	attached her	eto	
was	filed on		
as Applica applicable		No and was amended or	n (if
the above	ereby state t identified s referred to	hat I have reviewed and under pecification, including the cabove.	rstand the contents of claims, as amended by an
the examin	cknowledge the nation of thi egulations, §	ne duty to disclose informations application in accordance of 1.56(a).	on which is material to with Title 37, Code of
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(Number)	(Country)	(Day/month/year filed)	Yes No
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	JACOB	GARY	s
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	ST. LOUIS	MISSOURI	USA
POST OFFICE ADDRESS	12541 Mason Forest	CITY	STATE/COUNTRY
	Drive	St. Louis	MO 63141 USA

SIGNATURE OF INVENTOR:	
	DATE:

SECOND JOINT INVENTOR,

FULL NAME (INVENTOR)	LAST	FIRST	MIDDLE	
(======================================	DWEK	RAYMOND	A.	
RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
CITIZENSHIP	0604	COUNTRI	CITTENSHIP	
	Oxford	England GBN	U.K.	
POST OFFICE ADDRESS	Glycobiology Institute, Department of	CITY	STATE/COUNTRY	
	Biochemistry University of Oxford South Parks Road	Oxford OX1 3QU	England U.K.	

SIGNATURE OF INVENTOR:

DATE: 19th of July 2000